

National Heart Foundation of Australia A.B.N. 98 008 419 761 Office of the Chief Executive Officer - National

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7 June 2006

Senator Kate Lundy Shadow Minister for Sport and Recreation 11 London Circuit CANBERRA ACT 2601

Dear Senator Kate Lundy,

RE: Senate inquiry into women in sport and recreation in Australia Submission from the National Heart Foundation of Australia

Thank you for providing the National Heart Foundation of Australia the opportunity to present a submission to the above inquiry.

The Heart Foundation considers participation in physical activity a central element of a healthy lifestyle for all Australian women and girls. We have outlined key issues that the Heart Foundation considers relevant to the participation of women in physical activity, sport and recreation in Australia.

The submission has been developed by key staff in conjunction with our National Physical Activity Committee. The committee includes Australia's leading experts within the physical activity field.

The Heart Foundation would welcome further dialogue as this inquiry progresses. Our National Physical Activity Manager, Trevor Shilton is the contact person for national physical activity matters. Trevor is contactable at 08 9388 3343 or <u>Trevor.Shilton@heartfoundation.com.au</u>

Yours sincerely,

Dr Lyn Roberts AM Chief Executive Officer - National National Heart Foundation of Australia

Senate Committee – Environment, Communications, Information Technology and the Arts.

Inquiry into women in sport and recreation in Australia

This submission briefly outlines the key issues the National Heart Foundation of Australia considers relevant to the participation of women in physical activity, sport and recreation in Australia.

The submission does not cover all the points outlined in the terms of reference (TOR), however, the TOR points that have been covered are noted in the column on the right.

The Heart Foundation recommends and promotes enjoyable active living for all Australians. This can include incorporating physical activity into usual activities of daily living as well as participation leisure time physical activity, recreation, physical activity for transport, and exercise for sport or fitness.

These issues are of central importance to the Heart Foundation and to the health of Australian women as:

- physical inactivity is a significant risk factor for cardiovascular disease;
- physical inactivity is the leading cause of burden of disease for Australian women; and
- less than half of all adult women are active enough to gain a health benefit

Health hanafite of physical activity	IOR
Health benefits of physical activity In Australia, physical inactivity is responsible for about 7% of the total burden of disease and rates second only to tobacco smoking ⁱ . Physical inactivity is the leading cause of total burden of disease in Australian women. Studies show that physical inactivity contributes to the development of cardiovascular diseases, stroke, colorectal cancer, diabetes, osteoarthritis and osteoporosis ⁱⁱ .	1. 2a.
The majority of Australian women are not physically active enough to obtain health benefits. According to the 2000 National Physical Activity Survey, more than half (55%) of Australian women aged 18-75 years are not reaching recommended levels of physical activity and a further 15 percent do not participate in any physical activity ^{III} .	
According to the Exercise, Recreation and Sport Survey, the activities for women with the highest participation rates were walking (48.5%), aerobics/fitness (20.0%), swimming (17.1%), tennis (8.6%) and netball $(6.9\%)^{iv}$.	1.
Women aged 15 to 24 had the highest participation rates and women 65 and over recorded the lowest participation rates ⁴ .	
The most popular activities amongst female children and adolescents were dance (51.5% primary and 43.6% secondary), swimming laps (47.7 primary and 29.6 secondary) and netball (44.6% and 33.3% secondary) ^v .	

The most prevalent active play activities for female children and adolescents were bike riding, playing with pets, walking for exercise and walking the dog ⁵ .	
 If Australian women were more physically active, health benefits would accrue particularly in: Cardiovascular disease prevention Diabetes prevention and control The primary prevention of some cancers Reduction in osteoporosis Improved strength, balance and reduced prevalence of falls in the elderly; and The promotion of mental health² 	
These health benefits can translate into significant health cost savings. Physical inactivity accounts for 6.7 percent of Australia's major health problems and costs at least \$400 million in direct health care costs ^{vi} . Estimates suggest \$8 million per year could be saved for every 1 per cent increase in the proportion of the adult population that is sufficiently active ⁸ . In addition to this, every 1 per cent change would result in 122 fewer premature deaths and 1,764 years of life gained ⁸ .	
Characteristics of women not participating in physical activity	2b
The health benefits associated with physical activity are the same for men and women, across all age groups. Australian data shows that women are less likely to be physically active than men ^{vii} . Studies have also shown that women are less likely to be physically active if they are: middle or older aged from a non-English speaking background have young children^{viii} socio-economically disadvantaged 	
The Heart Foundation recommends tailored strategies and programs that take into account the dominant barriers faced by women at different stages of their life.	
Women and physical activity Children/Adolescents	2b
The proportion of Australian children who are overweight or obese has more than doubled in the last 20 years and decreasing levels of energy expenditure is a significant contributor to this ^{ix} . There has also been an increase in sedentary pastimes, with a rapid increase in access to a large variety of sedentary recreational pastimes. Through mechanisation and technology we have successfully engineered physical activity out of our lives.	
The most common leisure activities for young people are watching television and videos and playing electronic or computer games ^x . On average, children spend more than 2½ hours/day watching television ^{xi} .	

compared with boys during adolescence, evidence suggests that girls as young as 5 yrs of age are significantly less active than boys, and that these differences increase with age ^{xii} . Special attention may need to be paid to this target group.	
Specific strategies for promoting physical activity in adolescent girls (eg, TAAG study, Go Girls and the GEMS studies in the US) and in women (eg, Mom's on the Move) have been developed and tested, as it is recognised that a one-size-fits-all approach to promoting physical activity may not be the most appropriate or effective means of successfully increasing physical activity among girls and women in the population.	2b∕c
Women with children People with at least one child are 20% less likely to be 'sufficiently' active than those without ⁶ . Many mothers and carers who have young children at home say that barriers such as time, the cost of childcare, poor access to venues and feelings of guilt/reluctance about prioritizing exercise ahead of family commitments ^{xiii} prevent them from participating in regular physical activity. It is important that young mums have the opportunity to be active in their local communities and have access to child minding and to child-friendly physical activity opportunities.	
Mums are important role models to their children and are often the 'gatekeepers' who determine whether their families will be involved in physical activity. For example, mums influence whether or not their children walk to school or decide if they will drive them to organised sports.	
Middle to older aged women The rates of regular physical activity are known to decline with age for both males and females. However, women in particular have been found to be less active in middle or older age. This may be due to a number of factors including women living alone or not having a leisure companion. Family and other social support were found to be important motivators for women as they preferred having someone to be active with or walking in organised groups ^{xiv} .	2b∕c
Sedentary women can gain many health benefits by commencing moderate activity such as walking. Regular physical activity can prevent the onset of chronic illness and assist with their management. It also helps to preserve the ability to maintain independent living status and reduce the risk of injurious falls. Physical activity can assist in providing a source of social support and reduce social isolation for older women who live alone.	2b
Non-English Speaking women There are limited data on populations from a non-English-speaking background, other than those data collected as part of routine health surveys. Typically, the results show people from non-English speaking backgrounds are less active than English-speaking Australians ^{×V} . Further research would need to be undertaken to determine the barriers to physical activity faced by these populations.	2b∕c
Lower educational attainment Socio-economically disadvantaged population groups are also less likely to be physically active than those of higher socio-economic status ^{xvi}	

although walking shows less of a socio-economic gradient than other activities.

One Australian study has identified a number of factors, including personal, social and neighbourhood environment factors that seem to be important influences on women's physical activity levels. In particular, enjoyment and confidence to be active; social support for an active lifestyle; and urban design features of local neighbourhoods were important correlates of physical activity among women^{xvii, xviii}

Physical Activity Recommendations

The Heart Foundation subscribes to physical activity recommendations similar to those of the Australian Department of Health and Ageing and the US Surgeon General. These state that adults should participate in moderate physical activity for at least thirty minutes a day, on most, preferably all days of the week (this can be accumulated in ten minute blocks). Adults are encouraged to be active in as many ways as they can and to think of movement as an opportunity, not an inconvenience^{xix}.

Children (5-18 years) should participate in at least sixty minutes of moderate to vigorous physical activity every day (and up to several hours). They should not spend more than two hours a day using electronic media for entertainment (eg computer games, TV, Internet), particularly during daylights hours^{xx,xxi}.

These are targets that most people can attain through walking for recreation, walking for short trips, or combining walking with public transport.

The information above should be considered when establishing priority policies and programs that will encourage more women to be active, and in providing environments that make the decision for women and girls to be active easier.

The National Heart Foundation would be happy to be consulted further in regard to the issues raised above.

Please address any correspondence to:

Trevor Shilton National Physical Activity Manager Executive Officer, National Physical Activity Committee 334 Rokeby Road, Subiaco, WA 6008 PH: 08 9388 3343 vii Armstrong T, Bauman A, Davies J (2000). Physical activity patterns of Australian adults. AIHW Catalogue CVD10. Canberra: Australian Institute of Health and Welfare.

^{viii} Brown WJ, Mishra G, Lee C, et al. (2000) Leisure time physical activity in Australian women:

relationship with well-being and symptoms. Research Quarterly for Exercise and Sport 71:206-16. ^{ix} Magarey AM, Daniels LA, and Boulton JC, *Prevalence of overweight and obesity in* Australian children and adolescents: reassessment of 1985 and 1995 data against

new standard international definitions. Medical Journal of Australia, 2001. **174**: p. 561-564.

^x ABS, *Children's participation in cultural and leisure activities, Australia,* 2001: Canberra.

^{xi} AC Nielson Media International Australia. TV Trends 2001. Sydney. AC Nielson Company, 2001. xⁱⁱ Telford A, Salmon J, Timperio A, Crawford D. (2005) Quantifying and characterising physical activity among children in Australia: the Children's Leisure Activities Study (CLASS). Pediatric and Exercise Science, Vol.17, 266-280. ^{xiii} Ball, K., Salmon, J., Giles-Corti, B., & Crawford, D. (2006). How can socioeconomic differences in

physical activity among women be explained? A qualitative study. Women and Health. 43(1), 93-113. ^{xiv} Brown WJ, Fuller B, Lee C et al. (1999). Never too late: older people's perceptions of physical activity. Health Promotion Journal of Australia 9(1):55-63.

^{xv} Bauman A, Bellew B, Booth M et al. (1996). Towards best practice for the promotion of physical activity in the areas of New South Wales. Sydney: NSW Health Department, Centre for Disease Prevention and Health Promotion.

^{xvi} Owen N & Bauman A. (1992) The descriptive epidemiology of a sedentary lifestyle in adult Australians. International Journal of Epidemiology 21:305-10

^{xvii} Ball, K., Salmon, J., Giles-Corti, B., & Crawford, D. (2006). How can socioeconomic differences in physical activity among women be explained? A gualitative study. Women and Health. 43(1), 93-113 ^{xviii} Ball, K., Timperio, A., Salmon, J., Giles-Corti, B., Roberts, R., & Crawford, D. (in press, accepted May 2006). Personal, social and environmental determinants of educational inequalities in walking: A multilevel study. Journal of Epidemiology and Community Health.

^{xix} Australian Government, May 1999. Department of Health and Aged Care (1999). National Physical Activity Guidelines for Adults, Canberra. Reprinted 2005.

^{xx} Commonwealth of Australia, December 2004. Department of Health and Aging (2004). Australia's Physical Activity Recommendations for 5-12 year olds, Canberra.

xxi Commonwealth of Australia, December 2004. Department of Health and Aging (2004). Australia's Physical Activity Recommendations for 12-18 year olds, Canberra.

¹ Australian Institute of Health and Welfare (AIHW), The burden of disease and injury in Australia, AIHW Cat. No. PHE 17, Canberra.

^{II} Department of Health and Human Services. Physical Activity and Health: a report of the US Surgeon General. National Centres for Disease Control, Atlanta, Georgia. 1996.

^{III} Australian Institute of Health and Welfare, Australia's Health 2004, 2004: Canberra.

^{iv} Participation in Exercise Recreation and Sport: Annual Report 2003. Australian Sports Commission.

^v Hands B, Parker H. Glasson C, Brinkman S and Read H. (2004). Physical Activity and Nutrition Levels in WA Children and Adolescents: Report. Perth Western Australian Government.

vi Chronic Illness: Australia's Health Challenge - The Economic Case for Physical Activity and Nutrition in the Prevention of Chronic Disease - Full Report, 2004, Australian Chronic Disease Prevention Alliance.